

**Superior Court of Washington  
County of**

In re:

and

Petitioner,

Respondent(s).

**No.**

**Sealed ☐ Acknowledgment  
☐ Denial of Paternity  
(Cover Sheet)  
(SADP)**

**Clerk's Action Required: Access is  
Restricted per GR 22(d)(2)**

(Complete the information below and write "Sealed" at least one inch from the top of the first page of the acknowledgment or denial of paternity.)

The attached ☐ Acknowledgment of Paternity ☐ Denial of Paternity is filed with the:

☐ petition

☐ response

☐ other: \_\_\_\_\_ [name of document],

which I filed on \_\_\_\_\_ [date].

Submitted by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

**Notice:** The other party will have access to the acknowledgment or denial of paternity. If you are concerned for your safety or the safety of the children, you may redact (block out or delete) information that identifies your location.